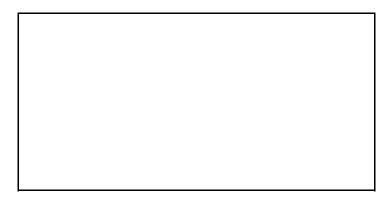
### J-1 VISA WAIVER REVIEW APPLICATION INSTRUCTIONS

## PLEASE DO NOT STAPLE ANY DOCUMENTS

PLEASE **AVOID** TWO-SIDED DOCUMENTS AND USE ONLY 8 1/2" X 11" PAPER



Please **PRINT** your full name and address in **UPPERCASE** letters in the box above. This is the address we will use to mail you a copy of our recommendation regarding your waiver application. You must include a self-addressed stamped envelope with your application.

#### **FEE INFORMATION**

PLEASE SEND YOUR APPLICATION, SUPPORTING DOCUMENTS, AND FEE PAYMENT TO

U. S. Department of State P. O. Box 952137 St. Louis, MO 63195-2137

The application fee is \$230 PER J-1 APPLICANT. Please send a cashier's check or money order in U.S. currency drawn on a U.S. bank, Made payable to THE U.S. DEPARTMENT OF STATE. Include your name, date and place of birth on whatever form of payment you submit.

### DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON

We will contact you regarding the next step in processing your application. You should receive a reply and information package within 6 weeks of submitting your data sheet and fee.

### DO NOT CALL TO VERIFY THAT THE APPLICATION HAS ARRIVED

#### PAPERWORK REDUCTION ACT

<sup>\*</sup>The response time is an estimated average including the time needed to look for, get, and provide the information required. You do not have to provide the information requested if the OMB approval has expired. We would appreciate any comments on the estimated response and cost burdens, and recommendations for reducing them. Please send your comments to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.



#### U.S. Department of State J-1 VISA WAIVER REVIEW APPLICATION

# NO. EH. P. IGA. SDOH VISTA # TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED Data rec'd Last Name Fee paid 2. G-28 First Name Middle Name NO: Country Date of Birth (mm-dd-yyyy) Place of Birth (City and Country) 4. Nationality or last legal permanent residence as shown on IAP-66 or DS-2019 EH/P:- I-612 Docs. 5. I am requesting a recommendation for a waiver based on (Check one) IGA: Letter Docs. \_\_\_\_ Exceptional Hardship | Persecution | Interested Gov. Agency State Health Agency Request No Objection Statement Contract \_\_\_\_ CV \_\_\_\_ 6. Date & Place of first entrance to U.S. on original Exchange Visitor (J-1)visa: Stmt: Facility MD Labor HPSA Date of Entry Port of Entry 7. Present Address SDOH: Letter Contract \_\_ HPSA# Home Phone 8. Last U.S. Address (If not currently living in U.S.) Business Phone \_\_\_\_\_ Fax Number\_\_\_\_ E-Mail 9. Does this application include J-2 dependents | Yes | No If your spouse is in J-1 status, he or she must apply separately for a waiver. 10. INS alien registration number: A I am represented by the following attorney or organization and want all correspondence sent to the following address: Name of Attorney or Organization Address If an Attorney, please sign here 11. List all exchange visitor programs in which you participated beginning with the first program 12. Give an explanation for any period of time in the U.S. not covered by your IAP-66 or DS-2019. 13. Did your exchange visitor program include U.S. Government funds, funds from your own government, or funds from an international organization? Yes

Date (mm-dd-yyyy) Page 2 of 2

DO NOT WRITE IN THIS SPACE

Signature